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## BIB DATA SHEET

CONFIRMATION NO. 8850

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.		
10/564,322	06/26/2006	606	3739	3444		
<b>RULE</b>						
<b>APPLICANTS</b> Kai Desinger, Berlin, GERMANY; Markus Fay, Berlin, GERMANY; Andre Roggan, Berlin, GERMANY;						
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP04/07519 07/08/2004						
<b>** FOREIGN APPLICATIONS *****</b> GERMANY 103325646 07/11/2003						
<b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 08/03/2006						
Foreign Priority claimed 35 USC 119(a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No /AMANDA L SCOTT/ Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWINGS</b> 0	<b>TOTAL CLAIMS</b> 12	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> Max Moskowitz OSTROLENK, FABER LLP 1180 Avenue of the Americas New York, NY 10036 UNITED STATES						
<b>TITLE</b> Surgical probe						
<b>FILING FEE RECEIVED</b> 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		